

EXHIBIT F

Account Agreement

Date: 07/19/2011

Institution Name & Address

PATRIOT NATIONAL BANK
GREENWICH OFFICE
100 MASON ST
GREENWICH, CT 06830

Internal Use**Account Title & Address**

LAURA CHRISTY, LLC
DBA Valbella Midtown
520 MADISON AVENUE
NEW YORK, NY 10022
REDACTED 9046

Ownership of Account

The specified ownership will remain the same for all accounts.

- ☐ Individual ☐ Corporation - For Profit
☐ Joint with Survivorship (not as tenants in common) ☐ Corporation - Nonprofit
☐ Joint with No Survivorship (as tenants in common) ☐ Partnership
☒ Limited Liability Company
☐ Trust-Separate Agreement Dated: _____
☐ _____

Beneficiary Designation

(Check appropriate ownership above.)

- ☐ Revocable Trust
☐ _____

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- ☐ Terms and Conditions ☐ Privacy
☐ Electronic Fund Transfers ☐ Truth in Savings
☐ Substitute Checks ☐ Funds Availability
☐ Common Features ☐ _____

☐ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

1 [X] ]
 DAVOUD GHATANFARD Primary Acct Owner

2 [X]

3 [X]

] 4 [X]

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

Owner/Signer Information 1

Name	DAVOUD GHATANFARD
Relationship	Primary Acct Owner
Address	9 N CANTERBURY RD HARRISON, NY 10528
Mailing Address (if different)	
Home Phone	REDACTED
Work Phone	
Mobile Phone	
E-Mail	NONE
Birth Date	12/12/1950
SSN/TIN	REDACTED 9034
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Driver's License REDACTED NY 11/09/2009 12/12/2017
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 2

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	